

BENEFICIARY DATA FORM

ACTIVITY NO.: _____

PROGRAM/PROJECT: _____

CODING: _____

AGENCY/ORGANIZATION: _____

CONTRACT: _____

SIGNATURE: _____

DATE: _____

NUMBER OF PERSONS SERVED WHO ARE

TOTAL NO. OF PERSONS	LOW INCOME	VERY LOW INCOME	EXTREMELY LOW INCOME	WHITE	BLACK/AFRICAN AMERICAN	ASIAN	AMERICAN INDIAN/ALASKAN NATIVE	NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	AMERICAN INDIAN ALASKAN NATIVE & WHITE	ASIAN & WHITE	AM INDIAN/ALASKAN NATIVE & BK/AFRICAN AMERICAN	ASIAN/PACIFIC ISLANDER	OTHER MULTI-RACIAL	HISPANIC	FEMALE HEAD OF HOUSEHOLD
REPORTING TOTAL															
YEAR TO DATE															

NUMBER OF PERSONS PER FAMILY

	1	2	3	4	5	6	7	8
LOW INCOME	\$40,250	\$46,000	\$51,750	\$57,500	\$62,100	\$66,700	\$71,300	\$75,900
REPORTING TOTAL								
YEAR TO DATE								

NUMBER OF PERSONS PER FAMILY

	1	2	3	4	5	6	7	8
VERY LOW INCOME	\$25,850	\$29,550	\$33,250	\$36,950	\$39,900	\$42,850	\$45,800	\$48,750
REPORTING TOTAL								
YEAR TO DATE								

NUMBER OF PERSONS PER FAMILY

	1	2	3	4	5	6	7	8
EXTREMELY LOW INCOME	\$15,500	\$17,750	\$19,950	\$22,150	\$23,950	\$25,700	\$27,500	\$29,250
REPORTING TOTAL								
YEAR TO DATE								

Note: Numbers are to be unduplicated.
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* Note: Section 8 Income Limits Effective 7/01/04